

State of Maine
DEPARTMENT OF EDUCATION
23 State House Station
Augusta 04333-0023

2005-2006

**CERTIFICATE FOR THE EMPLOYMENT OF A SUPERINTENDENT OF SCHOOLS AND REPORT
OF ACTIONS OF JOINT COMMITTEE, S.A.D., C.S.D., OR SINGLE UNIT TO SUPPORT
SUPERINTENDENT'S OFFICE AND OFFICE STAFF**

Name of Supervisory Unit: _____

Name of Superintendent Elected

Social Security No.

RESULTS OF MEETING:

Name

Address

1. Chairperson: _____

2. Secretary (if elected): _____

3. Number of board members eligible to vote on the election or reelection of the superintendent
_____.

4. **TO BE COMPLETED BY SUPERVISORY UNITS ONLY** (Units combining for the purpose of
employing a superintendent):

A. Number of board members present at the meeting from each member unit of the supervisory unit:

Unit

No. of Board
Members Present

B. Name(s) of board member(s) and the town(s) represented if a single board member has been
authorized to cast votes for his/her full town's membership:

Name of Board Member

Name of Town

No. of Votes

**NOTE: A copy of the cost sharing plan of a supervisory unit shall be filed with the Commissioner's Office
annually with the Certificate of Employment of a Superintendent of Schools.**

EF-A-605
(Nov. 1977)

5. Salary paid the superintendent in the current year ending June 30, 2005 \$_____.

6. Salary adjustment authorized by the board for the current year 2004-2005 to \$_____, effective date _____.
7. Salary authorized for the year ending June 30, 2006 \$_____.

OTHER CONDITIONS OF EMPLOYMENT (to be included in Certificate):

8. Travel expense _____
9. Sick leave _____
10. Vacation _____
11. Have you made provision for an office for the superintendent of schools, office assistants and other office expenses? YES [] NO []
12. We certify that the above information and actions of the board are in accordance with its votes taken _____, _____.

(Attach copy of minutes and copy of superintendent's contract)

Signed _____, Chairperson _____
(date)

Signed _____, Secretary _____
(date)

13. I, _____, hold a valid superintendent's certificate for the State of Maine
(name of superintendent)
which expires _____ and I accept the position of superintendent of schools for
(date)
_____ for the period beginning _____,
(unit or units)
and ending June 30, _____. I do faithfully declare that I will uphold the laws of this state and that I will faithfully perform the duties of superintendent of schools as required by law and as set forth by the board(s) which employ(s) me.

SIGNED _____ DATE _____
Superintendent

14. I certify that _____ holds a valid State of Maine superintendent's certificate and that unit treasurers may legally pay the superintendent in accordance with properly certified warrants the salary earned as specified in this certificate.

SIGNED _____ DATE _____
Commissioner of Education

For Information Call: Patrick Phillips, 624-6606

Return all copies (except 2 work copies) to:

Deputy Commissioner
Department of Education
23 State House Station
Augusta, Maine 04333-0023